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CONFIRMATION NO. 6384

<b>SERIAL NUMBER</b> 10/501,834	<b>FILING OR 371(c) DATE</b> 05/26/2005 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> 07039-386US1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/02038 01/23/2003 which claims benefit of 60/351,110 01/23/2002 **AMB**

\*\* FOREIGN APPLICATIONS \*\*\*\*\* **AMB**

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 47	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Ad n n</i> Examiner's Signature	<i>AMB</i> Initials			

## ADDRESS

26191

## TITLE

Polycystic kidney disease nucleic acids and proteins

<b>FILING FEE RECEIVED</b> 1039	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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